2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-01-2003 90030 027 ****50.00
L02000003480

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 10 AM 10: 45

DOCUMENT # L02000003480

1. Entity Name
TWO CREEK, L.L.C.

Principal Place of Business
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

Mailing Address
P.O. BOX 551260
JACKSONVILLE FL 32255

2. Principal Place of Business		3. Mailing Address	
13400 Sutton Park Dr S		13400 Sutton Park Dr S	
Suite, Apt. #, etc. 1402		Suite, Apt. #, etc. 1402	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224	Country USA	Zip 32224	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0547077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	King, Robert F.	NAME	
STREET ADDRESS	P.O. Box 6429	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32236	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3-3-03 904 821 7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)